

**Entrepreneurship Development for Women Leaders in the Middle East
and North Africa
Nomination Form**

- A. **Name:** _____
(First name) (Middle name) (Last name)
- B. **City and Country of Birth:** _____
- C. **Date of Birth written in full:** _____
(Month) (Day) (Year)
- D. **Passport no:** _____
Date of issue: _____
Date of expiration: _____
- E. **Citizenship:** _____
- F. **Special considerations, such as allergies, medical and physical challenges, dietary preferences:**
- G. **Business address, telephone and fax numbers:**
- H. **E-mail address:**
- I. **Home address and telephone:**
- J. **Preferred Mailing Address: Business () Home ()**
- K. **Languages:**
- 1) Native Language:
- 2) English Proficiency: (5 point FSI scale)
Speaking:
Oral Comprehension:
Written Comprehension:

- L. **Present Position: (exact title, starting date, and brief description of role in company)**
- M. **Full Name of Company or Institution**
- N. **Brief Description of Company/Institution: (Please include type of industry, number of employees, annual budget, etc.)**
- O. **Publications (if any):**
- P. **Professional memberships in local, national or international professional organizations or associations or clubs:**
- Q. **Previous Travel to the United States: (Please note if grantee has ever traveled on a U.S. Government program)**

Dates:
Places Visited:
Sponsorship/Purpose of Visit:
- R. **Other Travel Abroad**

Dates:
City and Country:
Principal Purpose of Visit:

Dates:
City and Country:
Principal Purpose of Visit:

Dates:
City and Country:
Principal Purpose of Visit:
- S. **Educational Background: (List highest degree first. Include significant training programs.)**
Dates:
Degree/Certificate:
Institutions:
Field of Specialization:
- T. **Other Interests: (Sports, Hobbies, Volunteer Activities)**

Please elaborate below your reasons for applying.

1. **What do you hope to gain from this program?**

2. **What are you doing now in your profession, and what have you done in the past, that make you consider her a good candidate for the program?**

3. **Additional information you would like to include about the candidate (optional):**

Please respond to the questions below:

1. **What are your professional aspirations and the key challenges you must overcome to reach your goals?**

2. **How do you plan to use this experience to further women's entrepreneurship in your community?**

Date of Nomination:

Name and Signature of Nominating Officer: